



QUARTERLY STATEMENT
AS OF September 30, 2012
OF THE CONDITION AND AFFAIRS OF THE
McLAREN HEALTH PLAN, INC

NAIC Group Code	4700 (Current Period)	4700 (Prior Period)	NAIC Company Code	95562	Employer's ID Number	38-3252216
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	09/12/1997		Commenced Business	08/01/1998		
Statutory Home Office	G-3245 Beecher Rd. (Street and Number)		FLINT, MI 48532 (City, or Town, State and Zip Code)			
Main Administrative Office			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Mail Address	G-3245 Beecher Rd. (Street and Number or P.O. Box)		FLINT, MI 48532 (City, or Town, State and Zip Code)			
Primary Location of Books and Records			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City, or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Internet Web Site Address	www.mclarenhealthplan.org					
Statutory Statement Contact	CHERYL WESTOBY (Name)		(810)733-9723 (Area Code)(Telephone Number)(Extension)			
	cheryl.westoby@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			

OFFICERS

Name	Title
KATHY KENDALL	President
KEVIN TOMPKINS	Chairman
DON KOOY	Secretary
DAVE MAZURKIEWICZ	Treasurer
CAROL SOLOMON	Assistant Treasurer
KATHY KUDRAY D.O.	Chief Medical Officer

OTHERS

DIRECTORS OR TRUSTEES

KATHY KENDALL RONALD SHAHEEN D.O. DENNIS LAFOREST DAVE MAZURKIEWICZ	DON KOOY KEVIN TOMPKINS PATRICK HAYES LAKISHA ATKINS
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State of Michigan
County of Genesee ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) KATHY KENDALL (Printed Name) 1. President (Title)	(Signature) DAVE MAZURKIEWICZ (Printed Name) 2. Treasurer (Title)	(Signature) CAROL SOLOMON (Printed Name) 3. Assistant Treasurer (Title)
Subscribed and sworn to before me this day of , 2012	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[]

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	1,004,566		1,004,566	14,360,483
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks	25,974,320		25,974,320	21,142,425
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)	2,663,172		2,663,172	2,738,513
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....(6,849,547)), cash equivalents (\$.....18,166,191) and short-term investments (\$.....69,063,426)	80,380,070		80,380,070	120,529,146
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets	27,608,003	402,725	27,205,278	158,172
12.	Subtotals, cash and invested assets (Lines 1 to 11)	137,630,131	402,725	137,227,406	158,928,739
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	14,238		14,238	181,809
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	973,108		973,108	1,186,885
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers	40,960		40,960	428,628
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	276,316	4,123	272,193	124,936
21.	Furniture and equipment, including health care delivery assets (\$.....0)	513,125	513,125		
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	1,265,289	11,911	1,253,378	984,668
24.	Health care (\$.....4,056,474) and other amounts receivable	4,269,359	210,841	4,058,518	2,301,887
25.	Aggregate write-ins for other than invested assets				
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	144,982,525	1,142,725	143,839,800	164,137,552
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	144,982,525	1,142,725	143,839,800	164,137,552
DETAILS OF WRITE-INS					
1101.	INVENTORY	24,865	24,865		
1102.	DEFERRED CHARGES EQUIP FEES	19,242	19,242		
1103.	PREPAID EXPENSES	358,618	358,618		
1198.	Summary of remaining write-ins for Line 11 from overflow page	27,205,278		27,205,278	158,172
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)	27,608,003	402,725	27,205,278	158,172
2501.	.....			
2502.	.....			
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	58,517,372		58,517,372	50,634,922
2.	Accrued medical incentive pool and bonus amounts	3,734,133		3,734,133	3,515,697
3.	Unpaid claims adjustment expenses	1,175,481		1,175,481	1,228,169
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	1,642,012		1,642,012	606,291
9.	General expenses due or accrued	4,829,535		4,829,535	2,216,439
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	326,200		326,200	194,555
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	1,785,965		1,785,965	2,554,884
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers)				
20.	Reinsurance in unauthorized companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$.....0 current)	8,659,025		8,659,025	1,001,658
24.	Total liabilities (Lines 1 to 23)	80,669,723		80,669,723	61,952,615
25.	Aggregate write-ins for special surplus funds	X X X	X X X		
26.	Common capital stock	X X X	X X X		
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	1,140,000	1,140,000
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	62,030,077	101,044,937
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	63,170,077	102,184,937
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	143,839,800	164,137,552
DETAILS OF WRITE-INS					
2301.	ACCRUED PENSION	684,402		684,402	684,402
2302.	OVERPAYMENT FROM MDCH FOR MATERNITY CASE RATE				317,256
2303.	LIABILITY ASSOCIATED WITH PURCHASED PLAN	7,974,623		7,974,623	
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	8,659,025		8,659,025	1,001,658
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	1,212,025	1,151,632	1,537,823
2.	Net premium income (including \$.....0 non-health premium income)	X X X	336,007,525	321,854,600	430,670,381
3.	Change in unearned premium reserves and reserves for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X	(1,038,230)	(933,479)	(1,230,471)
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	334,969,295	320,921,121	429,439,910
Hospital and Medical:					
9.	Hospital/medical benefits		240,585,042	222,086,050	283,846,665
10.	Other professional services		6,982,376	7,480,580	9,794,648
11.	Outside referrals				
12.	Emergency room and out-of-area		11,470,545	13,155,717	17,175,243
13.	Prescription drugs		41,914,913	33,391,974	45,650,194
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		1,939,353	2,043,703	2,904,301
16.	Subtotal (Lines 9 to 15)		302,892,229	278,158,024	359,371,051
Less:					
17.	Net reinsurance recoveries		325,541	1,397,133	1,276,952
18.	Total hospital and medical (Lines 16 minus 17)		302,566,688	276,760,891	358,094,099
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....899,916 cost containment expenses		5,842,259	5,294,537	7,423,154
21.	General administrative expenses		20,494,638	30,874,725	40,273,457
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		328,903,585	312,930,153	405,790,710
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	6,065,710	7,990,968	23,649,200
25.	Net investment income earned		(62,976)	231,094	302,893
26.	Net realized capital gains (losses) less capital gains tax of \$.....0		1,632,056	137	(130)
27.	Net investment gains or (losses) (Lines 25 plus 26)		1,569,080	231,231	302,763
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	7,634,790	8,222,199	23,951,963
31.	Federal and foreign income taxes incurred	X X X			
32.	Net income (loss) (Lines 30 minus 31)	X X X	7,634,790	8,222,199	23,951,963
DETAILS OF WRITE-INS					
0601.	OTHER HEALTH CARE RELATED REVENUE	X X X	61,982	12,955	17,028
0602.	MPCA	X X X	(1,100,212)	(946,435)	(1,247,499)
0603.	.....	X X X			
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	(1,038,230)	(933,479)	(1,230,471)
0701.	.....	X X X			
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.	.....			
1402.	.....			
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.	LOSS ON SALE OF EQUIPMENT				
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	102,184,937	99,873,683	99,873,683
34.	Net income or (loss) from Line 32	7,634,790	8,222,199	23,951,963
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	(4,710)	(9,073)	57,106
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	(854,044)	12,235	78,361
40.	Change in unauthorized reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in			
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders	(36,400,000)	(22,000,000)	(22,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus	(9,390,895)	223,824	223,824
48.	Net change in capital and surplus (Lines 34 to 47)	(39,014,859)	(13,550,815)	2,311,254
49.	Capital and surplus end of reporting period (Line 33 plus 48)	63,170,078	86,322,868	102,184,937
DETAILS OF WRITE-INS				
4701.	PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST		223,824	223,824
4702.	PURCHASE OF PLAN	(9,390,895)		
4703.	.....		
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	(9,390,895)	223,824	223,824

STATEMENT AS OF **September 30, 2012** OF THE **McLAREN HEALTH PLAN, INC**

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	337,257,023	320,725,135	427,822,925
2.	Net investment income	108,893	391,680	305,795
3.	Miscellaneous income	(1,034,882)	(932,997)	(1,322,961)
4.	Total (Lines 1 to 3)	336,331,034	320,183,818	426,805,759
5.	Benefit and loss related payments	294,448,376	264,501,744	355,020,377
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	26,889,296	31,921,769	47,312,225
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10.	Total (Lines 5 through 9)	321,337,672	296,423,513	402,332,602
11.	Net cash from operations (Line 4 minus Line 10)	14,993,362	23,760,305	24,473,157
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	14,708,269	1,811,985	2,321,395
12.2	Stocks	22,858,968	6,000	35,272
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds	84,013		221,475
12.8	Total investment proceeds (Lines 12.1 to 12.7)	37,651,250	1,817,985	2,578,141
13.	Cost of investments acquired (long-term only):			
13.1	Bonds		1,020,386	1,020,386
13.2	Stocks	27,592,396	3,107,270	3,197,689
13.3	Mortgage loans			
13.4	Real estate	92,647		
13.5	Other invested assets			
13.6	Miscellaneous applications	28,368,027	150,988	0
13.7	Total investments acquired (Lines 13.1 to 13.6)	56,053,070	4,278,644	4,218,075
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(18,401,820)	(2,460,659)	(1,639,934)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders	36,400,000	22,000,000	22,000,000
16.6	Other cash provided (applied)	(340,617)	245,612	814,085
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(36,740,617)	(21,754,388)	(21,185,915)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(40,149,076)	(454,742)	1,647,308
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	120,529,146	118,881,838	118,881,838
19.2	End of period (Line 18 plus Line 19.1)	80,380,070	118,427,096	120,529,146

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	128,874	35	17,163					481	111,195	
2. First Quarter	133,290	46	18,563					515	114,166	
3. Second Quarter	135,699	49	19,203					560	115,887	
4. Third Quarter	139,099	49	21,347					556	117,147	
5. Current Year										
6. Current Year Member Months	1,212,025	418	173,766					4,805	1,033,036	
Total Member Ambulatory Encounters for Period:										
7. Physician	720,717	244	101,328					1,624	617,521	
8. Non-Physician	200,745	42	17,344					2,264	181,095	
9. Total	921,462	286	118,672					3,888	798,616	
10. Hospital Patient Days Incurred	45,909		3,201					414	42,294	
11. Number of Inpatient Admissions	11,446		830					83	10,533	
12. Health Premiums Written (a)	337,715,147	189,087	50,638,362					5,830,031	281,057,667	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	337,715,147	189,087	50,638,362					5,830,031	281,057,667	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	294,448,375	169,462	45,213,304					4,542,779	244,522,830	
18. Amount Incurred for Provision of Health Care Services	302,566,688	259,868	45,932,827					4,622,043	251,751,950	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....5,830,031.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
ALLEGIANCEHEALTH	19,668					19,668
ALMA DIALYSIS	34,582					34,582
BATTLE CREEK DIALYSIS	13,599					13,599
BAY REGIONAL MEDICAL CENTER	12,418					12,418
BIORX		55,317				55,317
BURTON DIALYSIS	32,491					32,491
CHILDRENS HOSPITAL	31,982					31,982
CLINTON MEMORIAL HOSPITAL	13,792					13,792
COVENANTMEDICAL CENTER	51,717					51,717
FLINT DIALYSIS CENNTER	48,971					48,971
HALLWOOD DIALYSIS CENTER	23,238					23,238
HENRY FORD MACCOMB	27,911					27,911
HENRY FORD W BLOOMFIELD	19,888					19,888
HURLEY MEDCIAL CENTER	62,807					62,807
INGHAM REGIONAL	150,943					150,943
IONIA COUNTY MEMORIAL	16,136					16,136
IONIA DIALYSIS	14,767					14,767
KALAMAZOO CENTRAL DIALYSIS	11,987					11,987
LAPEER REGIONAL	12,320	10,595				22,915
MCLAREN REGIONAL	23,747	22,642				46,389
MEMORIAL HEALTHCARE	21,239					21,239
MTEROPLOLITAN HOSPITAL	57,793					57,793
MIDMICHIGAN MEDICAL CENTER		39,642				39,642
MIDWESTERN REGIONAL	24,386					24,386
MT CLEMENS REGIONAL MEDICAL	23,461					23,461
MT MORRIS DIALYSIS	17,052					17,052
PDI GRAND RAPIDS	18,754					18,754
RCG LANSING	15,627					15,627
ROCHESTER DIALYSIS	18,153					18,153
RRC LAPEER	10,783					10,783
RRC MT MORRIS	19,487					19,487
SPARROW	387,729	14,520				402,249
SUPERIOR AMD OF MI	13,275					13,275
UNIVERSITY OF MICHIGAN	225,830					225,830
WATSON	13,745					13,745
.....						
.....						
.....						
.....						
0199999 Individually Listed Claims Unpaid	1,490,278	142,716				1,632,994
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	15,003,056	398,689	45,784	17,948	12,915	15,478,392
0499999 Subtotals	16,493,334	541,405	45,784	17,948	12,915	17,111,386
0599999 Unreported claims and other claim reserves						41,405,986
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						58,517,372
0899999 Accrued Medical Incentive Pool And Bonus Amounts						3,734,133

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1+3)	6 Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		1	2	3	4		
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical)	6,731,817	38,979,150		8,569,310	6,731,817	7,759,382
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare	708,375	3,832,248		1,583,370	708,375	1,504,106
7.	Title XIX - Medicaid	38,637,490	204,181,346	2,584,365	45,780,327	41,221,855	41,371,435
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	46,077,682	246,992,744	2,584,365	55,933,007	48,662,047	50,634,923
10.	Healthcare receivables (a)	202,707	140,361	17,464	327,949	220,171	362,840
11.	Other non-health						
12.	Medical incentive pools and bonus amounts	1,306,817	414,100	2,208,880	1,525,253	3,515,697	3,515,697
13.	Totals (Lines 9 - 10 + 11 + 12)	47,181,792	247,266,483	4,775,781	57,130,311	51,957,573	53,787,780

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

McLaren Health Plan, Inc
September 30, 2012

1. Summary of Significant Accounting Policies
No Change
2. Accounting Changes and Corrections of Errors
Prior year amounts have been restated as if the merger occurred as of January 1st of the prior year.
3. Business Combinations and Goodwill
Effective August 1, 2012, McLaren Health Plan (MHP) purchased 100% of the membership interest in CareSource Michigan (CSM) transferring existing membership interest from CareSource Management Group (CSMG) to McLaren Health Plan. The accompanying financial statements reflect the combined entity for the periods presented.

1) The company merged with CSM’s on August 1, 2012, assuming the Federal Tax Identification number 38-3252216 and NAIC Company Code 95562. MHP’s TIN number 38-3383640 and NAIC Company Code 95848 was retired on this same date.

2) The transaction is accounted for as a statutory merger.

3) MHP agreed to paid CSMG \$27 million for the membership transfer and 100% of remaining statutory surplus timed as stipulated in the Membership Transfer Agreement.

4) Pre- merger separate company revenue, net income and other surplus adjustments for the seven months ended July 31, 2012 were:

	CSM	MHP	Combined
Revenue	\$66,950,673	\$191,256,292	\$258,206,965
Net Income	\$ 4,128,144	\$3,345,857	\$7,474,001
Other Surplus Adj	(\$14,500,000)	(\$21,900,000)	(\$36,400,000)

4. Discontinued Operations
No Change
5. Investments

A. Mortgage Loans - None

B. Debt Restructuring - None

C. Reverse Mortgage - None

D. Loan-Backed Securities: 1 – 5
Investment in two GNMA bonds \$0 as of September 30, 2012. These bonds were sold April 18, 2012. The company did not have any such securities as of January 1, 1994 therefore the retrospective adjustment method did not apply. Prepayment assumptions for single class and multi-class mortgage-backed securities were obtained from broker/ dealer survey values. In 2011, the Company did not change from the retrospective methodology to prospective methodology because no negative yields were identified.

E. Repurchase Agreements and/or Security Lending Transactions –1 -5 .
Effective June 30, 2010 Fifth Third Bank and Huntington Bank discontinued its participation in the “special” FDIC Insurance Program that provided us with 100% FDIC coverage on all deposits. The limit effective 7/1/10 will be \$250,000. Independent Bank continued its participation in the program. The company is now using a sweep program with Fifth Third and Huntington Banks that invest in Repurchase Agreements that are secured by a pledge of Fifth Third’s government securities portfolio. These investments mature daily and are therefore listed as short term.

F. Real Estate – 1-5 Not Applicable

G. Investment in low income housing tax credits (LIHTC) – 1- 5 Not Applicable

Notes to Financial Statement

- 6. Joint Ventures, Partnerships and Limited Liability Companies
No Change

- 7. Investment Income
No Change

- 8. Derivative Investments
No Change

- 9. Income Taxes
No Change

- 10. Information Concerning Parent, Subsidiaries and Affiliates
 - A. No Change

 - B. No Change

 - C. No Change

 - D. Due from Affiliates: \$1,253,378 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.
Due to Affiliates: \$ 1,785,965 amounts due to affiliate per contract for various administrative support, including personnel and information system operations support. The amounts are settled monthly.
 - E. Guarantees or undertakings: No Change
 - F. Management Agreements between:
 - (1) **McLaren Health Plan and McLaren Health Care Corporation:**
McLaren Health Care Corporation agrees to provide certain operational services and other resources to McLaren Health Plan. Amount for January-September 2012= \$1,120,835

 - (2) **McLaren Health Plan and MRMC:**
MRMC agrees to provide certain accounting / resource services to McLaren Health Plan. Amount for January-September 2012 =\$4,986

 - (3) **McLaren Health Plan and Anthelio HealthCare Solutions:**
Anthelio HealthCare Solutions agrees to provide certain information technology and telephony services to McLaren Health Plan. Amount for January-September 2012 = \$193,565-

 - (4) **McLaren Health Plan and HA:**
McLaren Health Plan agrees to provide certain operational, personnel services and other resources to HA. Amount for January - September 2012 = \$5,100,779-

 - (5) **McLaren Health Plan and MHPIC:**
McLaren Health Plan agrees to provider certain operational, personnel services and other resources to MHPIC. Amount for January-September 2012 = \$601,999

 - G. No Change
 - H. No Change
 - I. No Change
 - J. No Change
 - K. No Change
 - L. No Change

- 11. Debt
No Change

Notes to Financial Statement

12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans
No Change
13. Capital and Surplus, Shareholders Dividend Restrictions and Quasi-Reorganizations
No Change except as noted below
4. Date and amount of dividends issued. On July 18th, the Office of Financial and Insurance Regulation approved CareSource Michigan's request to pay \$14,500,000 ordinary dividend to CareSource Management Group. This transaction was completed on July 30th, 2012. On September 20th, OFIR approved McLaren Health Plan's dividend of \$21,900,000 of which \$9,451,960 is considered ordinary and \$12,448,040 extraordinary. This transaction was completed on September 27, 2012.
14. Contingencies
No Change
15. Leases
No Change
16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
No Change
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
No Change
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
A. ASO plans – N/A
B. ASC plans – N/A
C. Medicare or similarly structured cost based reimbursed contracts
 1.
 - a. Revenue from the Company's Medicare (or similarly structured cost based reimbursement contract) contract for the year 2012 consisted of \$4,622,043 for medical and hospital related services and \$708,645 for administrative expenses.
 - b. As of December 31, 2012, the Company has recorded no receivables from payors whose account balances are greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000:
 - c. In connection with the Company's Medicare (or similarly structured cost based reimbursement contract) contract, the Company has recorded no allowances and no reserves for adjustment of recorded revenues at December 31, 2011.
 - d. The Company has made no adjustment to revenue resulting from audit receivables related to revenues recorded in the prior period.
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
No Change
20. Fair Value Measurement
No Change
21. Other Items:
A. Effective August 1, 2012, McLaren Health Plan (MHP) purchased 100% of the membership interest in CareSource Michigan (CSM) transferring existing membership interest from CareSource Management Group (CSMG) to McLaren Health Plan. The accompanying financial statements reflect the combined entity for the periods presented.

C. Short-term investments in the amount of \$1,217,172 as of 09/30/12 are on deposit with the State of Michigan Treasury in a safekeeping account as required by regulation. Also, MHP assumed control over bonds in the amount of \$1,004,566 from CareSource Michigan. These bonds are on deposit with the State of Michigan Treasury in a

Notes to Financial Statement

safekeeping account as required by regulation. On September 25th, OFIR approved liquidation of the deposit previously held on behalf of CSM. This bond was sold on October 19th and the proceeds were transferred to a cash account.

22. Events Subsequent
 No Change
23. Reinsurance
 No Change
24. Retrospectively Rated Contracts & Contracts Subject to Redetermination
 No Change
25. Change in Incurred Claims and Claim Adjustment Expenses
 No Change
26. Intercompany Pooling Arrangements
 No Change
27. Structured Settlements
 No Change
28. Health Care Receivables
 A. Pharmaceutical Rebate Receivables- The Company recorded \$253,572 pharmacy rebates receivable at September 30 and during 2012, collected \$532,824 for rebates related to 2011. Pharmacy rebates are netted with pharmacy expense

<u>Quarter</u>		<u>Estimated Rebate</u>		<u>Confirmed</u>		<u>90days</u>		<u>91-180 days</u>		<u>>180 days</u>		<u>Total received</u>
12/31/12	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
09/30/12	\$	42,733	\$	-	\$	-	\$	-	\$	-	\$	-
06/30/12	\$	128,332	\$	9,968	\$	8,820	\$	1,148	\$	-	\$	1,148
03/31/12	\$	62,960	\$	305,275	\$	38,117	\$	267,158	\$	-	\$	267,158
12/31/11	\$	60,274	\$	197,181	\$	77,421	\$	100,799	\$	18,961	\$	119,760
09/30/11	\$	97,862	\$	224,178	\$	120,700	\$	-	\$	103,478	\$	103,478
06/30/11	\$	84,424	\$	207,064	\$	97,285	\$	91,181	\$	11,448	\$	109,779
03/31/11	\$	43,801	\$	190,298	\$	84,106	\$	-	\$	99,941	\$	106,192
12/31/10	\$	56,775	\$	225,532	\$	86,078	\$	33,646	\$	105,808	\$	105,808
09/30/10	\$	-	\$	248,380	\$	64,131	\$	41,677	\$	102,997	\$	142,571
06/30/10	\$	78,319	\$	269,318	\$	72,490	\$	132,182	\$	32,718	\$	136,869
03/31/10	\$	237,914	\$	341,145	\$	82,150	\$	87,172	\$	118,639	\$	186,603
12/31/09	\$	254,316	\$	454,015	\$	41,600	\$	347,690	\$	64,724	\$	154,875
09/30/09	\$	236,025	\$	448,250	\$	35,059	\$	271,951	\$	137,820	\$	141,239

B. Risk Sharing Receivables - No Change

29. Participating Policies
 No Change
30. Premium Deficiency Reserves
 No Change
31. Anticipated Salvage and Subrogation
 No Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[X] No[]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[X] No[] N/A[]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[X] No[]
- 2.2 If yes, date of change:

08/01/2012
3. Have there been any substantial changes in the organizational chart since the prior quarter end?
If yes, complete the Schedule Y - Part 1 - organizational chart.

Yes[] No[X]
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[X] No[]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
McLaren Health Plan	95848	MI

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes[] No[] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2010
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2010
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/11/2012
- 6.4 By what department or departments?
MICHIGAN OFFICE OF FINANCIAL & INSURANCE REGULATION
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[] N/A[]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.].

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
		Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes[X] No[]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 16,225

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[X] No[]
- 11.2 If yes, give full and complete information relating thereto:
Short Term Investments includes an amount (\$1,217,170) held in a safekeeping trust account with the State of Michigan Treasury as required by OFIR
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$ 0
13. Amount of real estate and mortgages held in short-term investments:

\$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[X] No[]
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

		1	2
		Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock	12,861,713	12,507,637
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	12,861,713	12,507,637
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes[] No[X]
Yes[] No[] N/A[X]

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

1	2
Name of Custodian(s)	Custodian Address
JPMORGAN CHASE BANK, NA	1111 POLARIS PARKWAY, COLUMBUS OH 43240
FIFTH THIRD BANK	111 LYON ST SW, GRAND RAPIDS MI 49503

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)
.....

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

16.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
.....

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address
.....

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

17.2 If no, list exceptions:

Yes[X] No[]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	93.200%
1.2 A&H cost containment percent	0.182%
1.3 A&H expense percent excluding cost containment expenses	4.401%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
Accident and Health - Non-affiliates						
22667	95-2371728 .....	..... 01/01/2012	ACE AMER INS CO	PA .....	..... SSL/L/I .....	..... Yes[X] No[]
22667	95-2371728 .....	..... 03/01/2011	ACE AMER INS CO	PA .....	..... SSL/L/I .....	..... Yes[X] No[]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

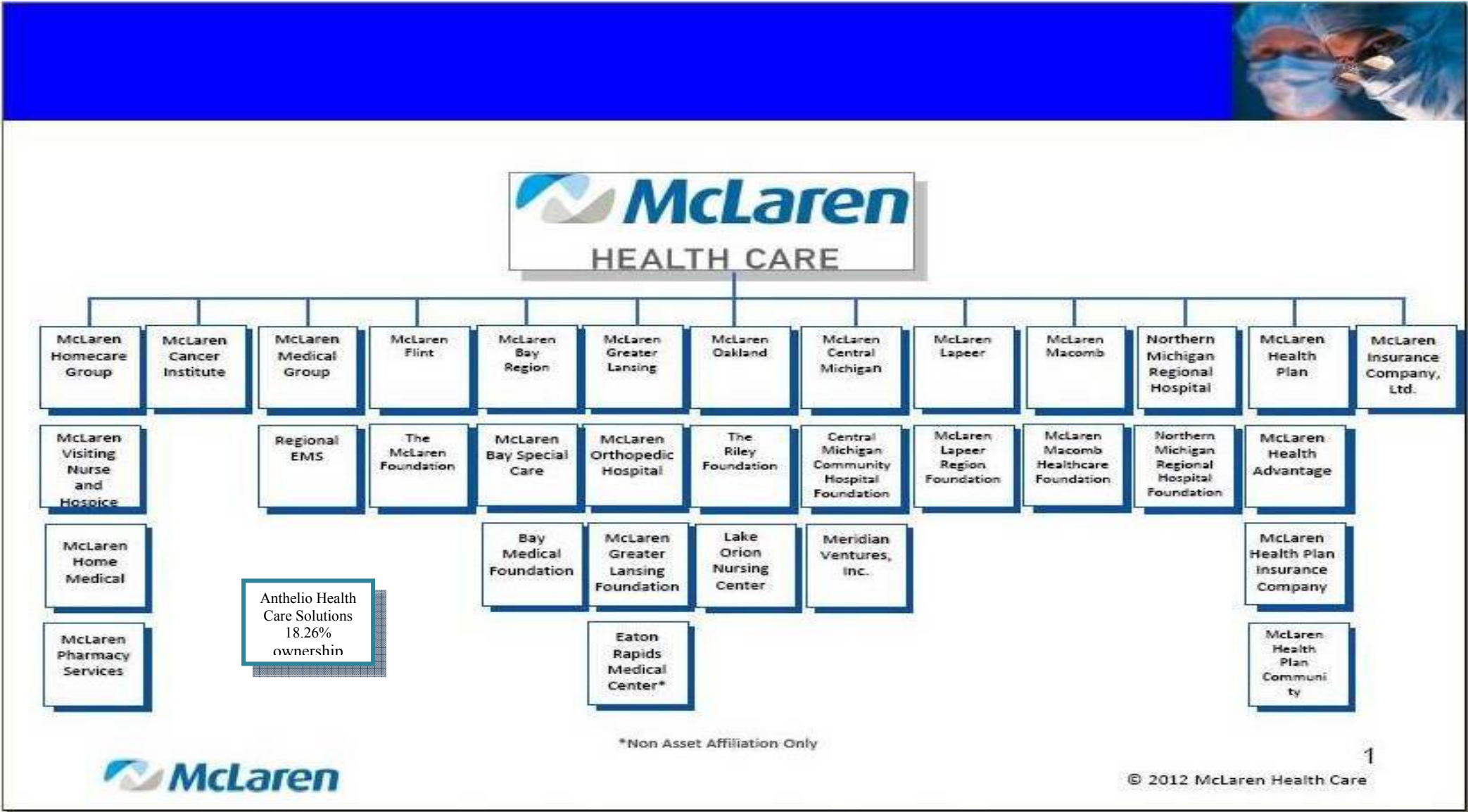
Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	L	50,827,449	5,830,031	281,057,667				337,715,147	
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	N								
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	N								
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CN)	N								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X	50,827,449	5,830,031	281,057,667				337,715,147	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	(a)..... 1	50,827,449	5,830,031	281,057,667				337,715,147	
DETAILS OF WRITE-INS										
5801.	.....	X X X								
5802.	.....	X X X								
5803.	.....	X X X								
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



Q15

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

916

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
4700 ..	McLaren Hlth Grp	13789	27-1780283 ..	.....	.....	.....	McLaren Health Plan Insurance Company	US	DS ..	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation ..	.....
4700 ..	McLaren Hlth Grp	14217	27-2204037 ..	.....	.....	.....	McLaren Health Plan Community	US	DS ..	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation ..	.....
4700 ..	McLaren Hlth Grp	95562	38-3252216 ..	.....	.....	.....	McLaren Health Plan	US .....	.....	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	91-2141720 ..	.....	.....	.....	McLaren Health Advantage	US	DS ..	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-2397643 ..	.....	.....	.....	McLaren Health Care Corporation	US	UDP ..	.....	.....	.....	.....	.....
.....	0	38-3491714 ..	.....	.....	.....	McLaren HomeCare Group	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-3491714 ..	.....	.....	.....	McLaren Visiting Nurse and Hospice	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-3491714 ..	.....	.....	.....	McLaren Home Medical	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-3491714 ..	.....	.....	.....	McLaren Pharmacy Services	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-3584572 ..	.....	.....	.....	McLaren Cancer Institute	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-2988086 ..	.....	.....	.....	McLaren Medical Group	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-3255499 ..	.....	.....	.....	Regional EMS	US	NIA ..	McLaren Medical Group	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-2383119 ..	.....	.....	.....	McLaren Flint	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-1358053 ..	.....	.....	.....	The McLaren Foundation	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-1976271 ..	.....	.....	.....	McLaren Bay Region	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-3161753 ..	.....	.....	.....	McLaren Bay Special Care	US	NIA ..	McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-2156534 ..	.....	.....	.....	Bay Medical Foundation	US	NIA ..	McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-1434090 ..	.....	.....	.....	McLaren Greater Lansing	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-1434090 ..	.....	.....	.....	McLaren Orthopedic Hospital	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-2463637 ..	.....	.....	.....	McLaren Greater Lansing Foundation	US	NIA ..	McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-1559180 ..	.....	.....	.....	Eaton Rapids Medical Center	US	NIA ..	McLaren Greater Lansing .....	.....	.....	.....	.....
.....	0	38-1428164 ..	.....	.....	.....	McLaren Oakland	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	20-0442217 ..	.....	.....	.....	The Riley Foundation	US	NIA ..	McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-2895426 ..	.....	.....	.....	Lake Orion Nursing Center	US	NIA ..	McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-1420304 ..	.....	.....	.....	McLaren Central Michigan	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-1420304 ..	.....	.....	.....	Central Michigan Community Hospital Foundation	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-3226022 ..	.....	.....	.....	Meridian Ventures, Inc.	US	NIA ..	McLaren Central Michigan	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-2689033 ..	.....	.....	.....	McLaren Lapeer	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-2689603 ..	.....	.....	.....	McLaren Lapeer Region Foundation	US	NIA ..	McLaren Lapeer	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-1218516 ..	.....	.....	.....	McLaren Macomb	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-2578873 ..	.....	.....	.....	McLaren Macomb Region Foundation	US	NIA ..	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0 .....	.....	.....	.....	.....	McLaren Insurance Company LTD.	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	38-2146751 ..	.....	.....	.....	Northern Michigan Regional Hospital	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0 .....	.....	.....	.....	.....	Northern Michigan Regional Hospital Foundation	US	NIA ..	McLaren Health Care Corporation ..	Ownership	100.0	McLaren Health Care Corporation ..	.....
.....	0	75-2847104 ..	.....	.....	.....	Anthelio HealthCare Solutions ..	US	NIA ..	.....	Ownership	18.4	.....	.....

Asterisk	Explanation
0000001	Footnote

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No

Explanations:
1. Coverage provided through Medicare Advantage Program

Bar Codes:

Medicare Part D Coverage Supplement



955622012365000032012Document Code: 365

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1104. OTHER INVESTMENT DEFERRED COMPENSATION	116,401		116,401	81,664
1105. SELF INS TRUST FUND CTF	88,877		88,877	76,507
1106. INVESTMENT IN PURCHASED PLAN	27,000,000		27,000,000	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	27,205,278		27,205,278	158,172

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
	X X X			
0604.	X X X			
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X			

STATEMENT AS OF **September 30, 2012** OF THE **McLAREN HEALTH PLAN, INC**
SCHEDULE A - VERIFICATION

Real Estate		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	2,738,513	2,959,988
2. Cost of acquired		
2.1 Actual cost at time of acquisition	92,647	
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation	167,988	221,475
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	2,663,172	2,738,513
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	2,663,172	2,738,513

SCHEDULE B - VERIFICATION

Mortgage Loans		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest poin		
9. Total foreign exchange change in book value/recorded inve		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	35,506,023	33,570,700
2. Cost of bonds and stocks acquired	27,592,396	4,218,075
3. Accrual of discount	9,524	60,322
4. Unrealized valuation increase (decrease)	83,975	57,108
5. Total gain (loss) on disposals	1,368,027	(131)
6. Deduct consideration for bonds and stocks disposed of	37,567,237	2,356,668
7. Deduct amortization of premium	13,822	43,383
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	26,978,886	35,506,023
11. Deduct total nonadmitted amounts		3,115
12. Statement value at end of current period (Line 10 minus Line 11)	26,978,886	35,502,908

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	127,966,794		58,903,368		116,297,801	127,966,794	69,063,426	104,095,123
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	127,966,794		58,903,368		116,297,801	127,966,794	69,063,426	104,095,123
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	127,966,794		58,903,368		116,297,801	127,966,794	69,063,426	104,095,123

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	69,063,426	X X X	69,063,426	.....	.....

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	104,095,123	113,351,578
2.	Cost of short-term investments acquired	24,560,921	1,864,617
3.	Accrual of discount .....	.....	.....
4.	Unrealized valuation increase (decrease) .....	.....	.....
5.	Total gain (loss) on disposals .....	.....	.....
6.	Deduct consideration received on disposals	59,592,618	11,121,072
7.	Deduct amortization of premium .....	.....	.....
8.	Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9.	Deduct current year's other than temporary impairment recognized ....	.....	.....
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	69,063,426	104,095,123
11.	Deduct total nonadmitted amounts .....	.....	.....
12.	Statement value at end of current period (Line 10 minus Line 11)	69,063,426	104,095,123

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - Verification
(Cash Equivalents)

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	21,371,037	11,917,112
2.	Cost of cash equivalents acquired		9,453,925
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	3,204,846	
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	18,166,191	21,371,037
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	18,166,191	21,371,037

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						
Acquired by Purchase								
Building Improvements	Flint	MI						14,244
0199999 Subtotal - Acquired by Purchase								14,244
0399999 Totals								14,244

SCHEDULE A - PART 3

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expended for Additions, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs and Expenses Incurred
	2 City	3 State						9 Current Year's Depreciation	10 Current Year's Other Than Temporary Impairment Recognized	11 Current Year's Change in Encumbrances	12 Total Change in B/A C.V. (11 - 9 - 10)	13 Total Foreign Exchange Change in B/A C.V.							
							N O N E												
0399999 Totals

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
Common Stock - Mutual Funds									
4812C1553	JP MORGAN EQUITY INDEX FUND		07/02/2012	JP MORGAN	332.088	10,268	X X X		L
4812C1553	JP MORGAN EQUITY INDEX FUND		07/19/2012	JP MORGAN	759.318	23,683	X X X		L
4812C0167	JP MORGAN SHORT DURATION		07/02/2012	JP MORGAN	693.017	7,609	X X X		L
4812C0167	JP MORGAN SHORT DURATION		08/01/2012	JP MORGAN	795.387	8,757	X X X		L
4812C0167	JP MORGAN SHORT DURATION		09/04/2012	JP MORGAN	689.649	7,560	X X X		L
4812C0167	JP MORGAN SHORT DURATION		09/28/2012	JP MORGAN	204,900.423	2,260,052	X X X		L
4812C0167	JP MORGAN SHORT DURATION		09/28/2012	JP MORGAN	431,822.303	4,763,000	X X X		L
9299999 Subtotal - Common Stock - Mutual Funds					X X X	7,080,929	X X X		X X X
9799997 Subtotal - Common Stock - Part 3					X X X	7,080,929	X X X		X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9799999 Subtotal - Common Stocks					X X X	7,080,929	X X X		X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	7,080,929	X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	7,080,929	X X X		X X X

Q04 (a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

SCHEDULE D - PART 4
Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

1	2	3 F o r e i g n	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description		Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ..	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X .	.. X X X .
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ..	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X .	.. X X X .
Common Stock - Mutual Funds																					
4812C0167 ..	JP MORGAN SHORT DURATION .....	...	07/17/2012	JP MORGAN	60.551	667	X X X ..	645							667		22	22		X X X .	L
4812C0167 ..	JP MORGAN SHORT DURATION .....	...	07/19/2012	JP MORGAN	2,151.057	23,683	X X X ..	22,904							22,904		779	779		X X X .	L
4812C1553 ..	JP MORGAN INDEX FUND .....	...	08/15/2012	JP MORGAN	20.866	668	X X X ..	610							610		57	57		X X X .	L
4812C1553 ..	JP MORGAN INDEX FUND .....	...	09/17/2012	JP MORGAN	19.948	667	X X X ..	583							583		84	84		X X X .	L
4812C1553 ..	JP MORGAN INDEX FUND .....	...	09/28/2012	JP MORGAN	69,114.730	2,282,168	X X X ..	2,019,082							2,019,082		263,086	263,086		X X X .	L
							X X X ..													X X X .	L
9299999 Subtotal - Common Stock - Mutual Funds					X X X ...	2,307,853	X X X ..	2,043,823							2,043,845		264,029	264,029		X X X .	.. X X X .
9799997 Subtotal - Common Stocks - Part 4					X X X ...	2,307,853	X X X ..	2,043,823							2,043,845		264,029	264,029		X X X .	.. X X X .
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X ...	X X X ...	X X X ..	X X X ...	X X X ...	X X X ...	X X X ...	X X X ...	X X X ...	X X X ..	X X X ...	X X X ...	X X X ...	X X X ...	X X X ...	X X X .	.. X X X .
9799999 Subtotal - Common Stocks					X X X ...	2,307,853	X X X ..	2,043,823							2,043,845		264,029	264,029		X X X .	.. X X X .
9899999 Subtotal - Preferred and Common Stocks					X X X ...	2,307,853	X X X ..	2,043,823							2,043,845		264,029	264,029		X X X .	.. X X X .
9999999 Total - Bonds, Preferred and Common Stocks					X X X ...	2,307,853	X X X ..	2,043,823							2,043,845		264,029	264,029		X X X .	.. X X X .

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D NONE

E09 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E10 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
open depositories										
JPMORGAN, CHASE	FLINT, MICHIGAN	06/30/2012					(4,865,015)	(3,631,685)	(7,114,489)	X X X
FIFTH THIRD BANK	MICHGIAN	06/30/2012					(1,467,035)	(577,573)	(70,081)	X X X
HUNTINGTON BANK	OHIO	06/30/2012					250,000	250,000	250,000	X X X
INDEPENDENT BANK	MICHIGAN	06/30/2012					37,732	47,739	85,023	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository - open depositories			X X X	... X X X ..						X X X
0199999 Totals - Open Depositories			X X X	... X X X ..			(6,044,318)	(3,911,519)	(6,849,547)	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository - suspended depositories			X X X	... X X X ..						X X X
0299999 Totals - Suspended Depositories			X X X	... X X X ..						X X X
0399999 Total Cash On Deposit			X X X	... X X X ..			(6,044,318)	(3,911,519)	(6,849,547)	X X X
0499999 Cash in Company's Office			X X X	... X X X ..	... X X X ..	X X X ..				X X X
0599999 Total Cash			X X X	... X X X ..			(6,044,318)	(3,911,519)	(6,849,547)	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
8399999 Subtotals - Bonds							
Sweep Accounts							
Fifth Third Bank Repo Account	DR ..	12/31/2011 ..	0.005	12/31/2012 ..	16,266,393		12,502
Huntington Bank Repo Account	DR ..	12/31/2011 ..	25.000	12/31/2012 ..	1,899,798		11,480
8499999 Sweep Accounts					18,166,191		23,982
8599999 Other Cash Equivalents							
8699999 Total - Cash Equivalents					18,166,191		23,982

**INDEX TO HEALTH
QUARTERLY STATEMENT**

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Accounting Practices and Policies; Q5; Q10, Note 1

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